

EXHIBIT 31

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October 14, 2019

Elisa P. McEnroe
Morgan Lewis
1701 Market Street
Philadelphia, Pennsylvania 19103-2921

**RE: MONIQUE RUSSELL ET AL V. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
NUMBER: 2:18-cv-05629**

Dear Ms. McEnroe:

I had the opportunity to see Elsa Powell, Monique Russell, Desire Evans, and Jasmine Riggins for independent psychiatric evaluations and I prepared reports regarding each individual evaluation and a conclusion regarding the four evaluations.

I have now reviewed documents from Christiane Tellefsen, MD identified as RE: "Charles Akoda" cases. Dr. Tellefsen referred to her evaluation of three plaintiffs in a lawsuit against ECFMG involving allegations around Dr. Charles Akoda. I have also reviewed a document from Annie Steinberg, MD identified as RE: Akoda Matter, and the preliminary transcript of Dr. Steinberg's deposition on October 10, 2019. I have also reviewed medical records from Ijeoma Nnamani, MD regarding a psychiatric evaluation of Desire Evans on September 24, 2018 and treatment records from Paul Donato, PhD from Advanced Mental Health Services from July 11, 2018 to August 1, 2019 related to Desire Evans. The records from Dr. Nnamani and Dr. Donato were provided after I submitted the report dated September 23, 2019. The information reflected in my initial report (including my hourly rates in this matter, my CV, and the list of cases in which I have testified from June 2014 to June 2019) apply with equal force to this rebuttal report.

IMPRESSION:

It remains my opinion that the four individuals that I saw for four independent psychiatric evaluations presented four different personal histories regarding their medical experiences with Dr. Akoda, and it remains my opinion that none of the individuals has a psychiatric disorder as a direct consequence of the actions of ECFMG in regard to Dr. Akoda. The expert reports of Dr. Tellefsen and Dr. Steinberg do not change any of my opinions.

Dr. Tellefsen provided summaries of the evaluations she performed of Jasmine Riggins, Elsa Powell, and Desire Evans. Dr. Tellefsen did not evaluate Monique Russell as I did. Dr. Tellefsen

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agreed with me that Ms. Riggins does not have a diagnosable psychiatric disorder. Dr. Tellefsen acknowledged that learning about Dr. Akoda's "false identity" did not interfere with Ms. Riggins's ability to function in her daily life, and she (Ms. Riggins) reported that she had never sought any mental health treatment.

Dr. Tellefsen recognized that Elsa Powell does not have any psychiatric symptoms that have interfered with her day-to-day functioning. Ms. Powell had a fifth baby after the delivery of her fourth child by Dr. Akoda. Dr. Tellefsen opined that Ms. Powell had a psychiatric disorder of an adjustment disorder with anxiety. Dr. Tellefsen did not refer to the diagnostic criteria for an adjustment disorder. The criteria for an adjustment disorder, as noted in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), require that an individual develops emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s). Dr. Tellefsen did not specify the stressor that would have caused Ms. Powell emotional distress/anxiety within three months of recognizing a stressor. It is more important that if the purported stressor was learning about Dr. Akoda's identity and litigation, Ms. Powell did not describe any symptoms that would suggest any psychiatric diagnosis in reaction to this information. Ms. Powell did not report any complaints about Dr. Akoda's treatment during the delivery, surgery after delivery, or post-delivery checkup, and she (Ms. Powell) has never engaged in mental health treatment.

In contrast to Ms. Russell, Ms. Riggins, and Ms. Powell, Desire Evans does have a documented [REDACTED]; however, there is no information to support an opinion that Ms. Evans's well-established [REDACTED] conditions had any relationship to the Complaint in *Monique Russell et al. v. Educational Commission for Foreign Medical Graduates*. This conclusion is supported in the treatment records from Ijeoma Nnamani, MD and Paul Donato, PhD. The consultation report from Dr. Nnamani and the treatment notes from Dr. Donato did not refer to Dr. Akoda, stress related to the delivery of Ms. Evans's son, or problems with trust of doctors as contributing to her significant depression and anxiety. None of Ms. Evans's treating doctors has suggested that she has a mood disorder associated with the delivery of her son by Dr. Akoda.

The report from Annie Steinberg, MD included a survey of individuals who claimed they were patients of Dr. Akoda. Dr. Steinberg did not provide validity criteria to allow reliance on the conclusions opined in the summary report. At her deposition, Dr. Steinberg acknowledged that it was never her intention to present psychiatric diagnoses of any individual woman in this matter, and she could never diagnose a person on the basis of a response to a questionnaire. Dr. Steinberg testified that she assumed that the women were patients of Dr. Akoda. Dr. Steinberg also assumed that the fifty percent of the group who had not responded to the survey would have had similar responses as the women who completed the survey. Dr. Steinberg testified that the experience with Dr. Akoda was a contributing factor to the well-being and current clinical status of many of the women Dr. Akoda "exploits." But Dr. Steinberg had not met a single woman treated by Dr. Akoda and she was not providing a psychiatric diagnosis in regard to the individuals' well-being. Dr. Steinberg testified the survey questions were related to the consequences of Dr. Akoda's "fraudulent identify" and not to the medical treatment he had provided. Accordingly, nothing in Dr. Steinberg's report changes any of my opinions regarding each of the four individuals that I saw for independent psychiatric evaluations.

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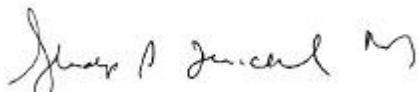
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It is my opinion that the introduction to the survey and the questions in the survey had implicit bias against Dr. Akoda. Dr. Steinberg testified that she had edited the letter sent to would-be survey respondents, but the letter was written by the attorney seeking to represent a class of women who by self-report had a history of treatment with Dr. Akoda.

It is my opinion the four individuals that I saw for four independent psychiatric evaluations presented four different personal histories about their medical experiences with Dr. Akoda. None of the four individuals I saw for individual psychiatric examinations described loss of trust in medical providers and health care institutions related to the allegations in the Complaint *Monique Russell et al. v. Educational Commission for Foreign Medical Graduates*. It remains my opinion that individual assessments are necessary to determine whether any particular patient who had treatment with Dr. Akoda suffers from emotional distress and/or whether such emotional distress is related to the allegations in the Complaint, medical experiences with Dr. Akoda, or conduct by ECFMG.

The opinions noted in this report have been stated within a reasonable degree of medical certainty. I reserve the right to supplement this report if additional records become available for review.

Sincerely,



Gladys S. Fenichel, MD

GSF/cl